

HISTORY FACILITY PROFILE

MOUNTAIN WEST HOME HEALTH AGEN
39 NORTH MAIN STREET
TOOELE UT 84074
STATE'S REGION CODE: 001

PROVIDER #: 467054
PHONE NUMBER: (435) 882-4163
PARTICIPATION DATE: 01/03/1990

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: HOSPITAL BASED P
TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
03/1997	04/1998	03/2001	03/07/2002	

PROGRAM REQUIREMENTS

X				STD	G0114-HHA INFORMS PATIENT OF PAYMENT METHODOLOGY
	X			STD	G0116-RIGHT TO BE ADVISED OF AVAILABILITY OF TOLL-FREE HHA HOTL
		X		STD	G0121-COMPLIANCE WITH ACCEPTED PROFESSIONAL STANDARDS/PRINCIPLE
X				STD	G0221-DOCUMENTATION OF HOME HEALTH AIDE COMPETENCY EVALUATION

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
STANDARD	0	1	1	2
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	1	1	2

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED -----	DEFICIENCY CORRECTED AFTER APPROVAL -----	REPEAT COP DEFICIENCY -----
COP	0	0	0

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT